Why Children Sexually Act Out
(4-11 year olds)
INTRODUCTION & DISCLAIMER!
1. Understand the reasons why some children act out sexually (have sexual behavior problems SBP’s).
2. Recognize differences between a child with sexual behavior problems and adolescent/adult sexual offenders.
OBJECTIVES

3. Identify appropriate responses and ways to modify inappropriate sexual behavior.
OBJECTIVES

4. Identify effective treatment goals to modify and/or eliminate inappropriate sexual behaviors.
Sex and sexuality

Do people have sex too?

Uh...birds...eggs...flowers...bees...storks...go ask your dad.

People have sex? Yuck!

ASK YOUR MOM

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Because sex and sexuality are mostly learned behaviors, children will experiment with their sexuality and with sexual behavior towards other children.

Children begin to learn about sex and sexuality from a diverse set of informational sources. Unfortunately, not always good sources.
SEXUAL ACTING OUT

Children who engage in sexual behaviors that:

• are not ordinary for their age.
• hurtful to themselves and/or others.
• elicit adult concern.
• result from trauma, anxiety or abuse.

Children who show normal sexual behavior or exploration associated with expected development are **NOT** considered to be acting out.
SEXUAL ACTING OUT

Every act of inappropriate sexualized behavior has the potential for increasing the probability of future acts.
Sexually acting out may include:

- Sexual language
- Increased sexual exploration
- Exhibitionism
- Excessive masturbation and often in public
- Inappropriate physical boundaries
- Intense preoccupation with sexual matters
- Sexual aggression towards other children, adults or animals
Inappropriate Sexual Behaviors

- Curiosity becomes an obsessive preoccupation.
- Re-enact adult sexual activity.
- Coerce towards others.
- Injure themselves.
- Discuss sexual acts.
- Put mouth on sexual parts.
Inappropriate Sexual Behaviors

- Kiss adults they don't know well.
- Draw sexual parts.
- Touch adults’ or animals' sexual parts.
- Overly friendly with adults they don't know well.
- Masturbate with objects.
Why some children act out sexually?

1. History of Sexual Abuse

2. Presexualization & ‘Sexualization Issues’

3. Contributing Factors
History of Sexual Abuse

- Studies of very young children with sexual behavior problems suggest that 49% to 80% have been sexually victimized.
Sexual Reactivity

The history of abuse is seen as a relevant factor in children’s development of unusual or problematic sexual behaviors.

Some sexually abused children will develop sexually abusive behaviors toward others.
Most believe that sexually reactive children act out in sexual ways to:

- Attempt to deal with difficult emotions (sadness, anxiety, fear, shame, abandonment).
- Decrease tension.
- Satisfy impulsive sexual needs.
- Cope with intrusive, trauma related memories.
Presexualization

• Refers to a child who has been sexualized prematurely in life.

• Most Common: Exposure to pornography and witnessing adult sexual behavior in the home.
‘Sexualization’ Issues

• Cultural Issues.
• Parents/Home Environment.
• Sibling Interactions.
• The Real World: What They See, Hear and Read.
‘Sexualization’ Issues
‘Sexualization’ Issues

“THE GAME” – Video Games
Contributing Factor: Family Violence

• Family violence is a model for boundary problems and intrusive behavior.
Contributing Factor:
Life Stress & Anxiety

- May reflect less consistent parenting and as a result may predispose a child to act out in a variety of ways.
- Sexual acting out is a sign of distress.
Other Contributing Factors:

- Number of Hours in Preschool
- Maternal Education & Attitude
- Lack of Attachment Bonds
Children with Sexual Behavior Problems VS. SEXUAL OFFENDER

There is a clear distinction between children with sexual behavior problems and sexual offenders.
Children with problematic sexual behavior are significantly different from adolescent/adult sex offenders.
Most children do not continue to have sexual behavioral problems.

- Treatment outcomes – Most show lower sexual behavior problems after short-term outpatient treatment (12-32 weeks).

- Recidivism rates for children 6-12 years old – 15% two years after treatment.
Do children with sexual behavior problems grow up to be adult sexual offenders?

- Most children with SBP’s **DO NOT** demonstrate continued SBP’s into adolescence and adulthood.

- Most adult sexual offenders do not report a childhood onset for their behavior.
Do children with sexual behavior problems grow up to be adult sexual offenders?

The **relationship** between childhood sexual behavior problems and adult sexual offending **HAS NOT** been documented in the research to date.
Profile: Children with Severe Sexual Behavior Problems

- Almost always sexually/physically abused, abandoned or rejected.
- Distorted relationships.
- Behavior problems at home and school with no outside interests and few friends.
- Lack problem-solving skills and have little impulse control.
Profile: Children with Severe Sexual Behavior Problems

• Sexual behavior is beyond developmentally appropriate play and their thoughts and actions are often pervaded by sexuality.

• Sexual behaviors increase over time and are not isolated incidents.

• Coercion is usually ALWAYS a factor. They seek out children who are easy to fool, bribe or force. Their victims will have no say in what happens.

• Have anxiety about sexuality.
Profile: Children with Severe Sexual Behavior Problems

• Act out sexually when they feel ‘jumpy, funny, mad or bad’.

• Most report feeling worse after the behavior, not better (all girls in this group and some 60-70% of the boys).

• Almost ALL will have witnessed extreme physical violence between their caretakers.

• Need specialized treatment to help to change their behavior.
Responses & Interventions
IMPORTANT NOTE

Much of the shame and psychological damage that occurs -- not only with child victims of sexual abuse, but also with sexually reactive children -- stems from the reactionary behaviors of adults.
APPROPRIATE RESPONSES

• Inappropriate or problematic sexual behavior in children is not a clear indicator that a child has been sexually abused.

• Some inappropriate sexual behavior in children should be dealt with in the way you would deal with all inappropriate behavior.
APPROPRIATE RESPONSES

REMAIN CALM

Do not overreact as most sexual behaviors in children are within the typical or expected range.
APPROPRIATE RESPONSES

• It is important to remember that children with problematic sexual behavior are significantly different from adolescent and adult sex offenders.

• Deal with the incident in a matter of fact way – “this has happened, and it is not acceptable behavior in school.”

• Provide an open environment in which they can ask question and learn about sexuality. If they can’t find that at home, they frequently designate their peers as educators.
APPROPRIATE RESPONSES

• Keep clear, dated and factual records of your observations of the child and his/her behavior.

• Talk with a colleague about the behavior. Share your views, get with other staff and decide on an approach to dealing with the child’s behavior.

• Abuse and/or law enforcement report?
MODIFYING INAPPROPRIATE SEXUAL BEHAVIOR

• Most children will stop the behavior if they are told the rules, mildly restricted, well supervised, and praised for appropriate behavior.

• Use the correct words for parts of the body and provide clear boundaries.

• Provide positive consequences for appropriate behavior and a structured approach to inappropriate behavior.
MODIFYING INAPPROPRIATE SEXUAL BEHAVIOR

• Teach children not to be ashamed of their bodies but to respect that parts of theirs and others’ bodies are private.
MODIFYING INAPPROPRIATE SEXUAL BEHAVIOR

• Speak to the group as a whole. This allows the children to see that it is okay to talk about the behavior together and with adults. They will also learn that there are norms governing such behavior.

• If the sexual behavior is problematic a referral for mental health services is recommended.
PARENT/FAMILY INVOLVEMENT
Parent/Family involvement is critical.

Educate, include and work with the child’s caretakers to assist them in providing guidance to reduce and finally eliminate the problematic sexual behaviors.
PARENT/FAMILY INVOLVEMENT

• Probably one of the most critical factors in child sexual development is the **level of parental guidance**. Parents play a critical part in instilling values about sexuality in their children.

• When parents view sex as dirty, inappropriate, or secretive they may set rigid and restrictive limits on self-exploration, language, questions, or curiosity considered healthy in children.

• When children are punished, chastised, or humiliated for their sexuality, they **may associate sex with shame or guilt**.
TREATMENT
TREATMENT

Studies provide support for the belief that the majority of children with sexual behavior problems are amenable to, and can benefit from, treatment. Sexually acting out children, despite their acts, need to be viewed compassionately and with a hopeful attitude toward recovery. These children are often victims of maltreatment themselves and deserve a chance to heal and live a healthy life.
Similar to the nature of substance abuse counseling, treatment for sexually reactive children is **not a cure**.

Therapy is aimed at teaching both children and their caregivers the skills and understanding necessary to prevent future incidences of inappropriate sexual behavior. It is up to the child and his/her caregiver/s whether or not they use the skills.

Research suggests **support for both cognitive behavioral and play therapy interventions**.
TREATMENT

PLAY THERAPY

COGNITIVE-BEHAVIORAL THEORY

INDIVIDUAL, FAMILY & GROUP COUNSELING

MULTI-DISCIPLINARY APPROACH
TREATMENT GOALS

1. Decrease the child’s sexual acting out behaviors.
2. Assess whether or not the child has been, or is being abused.
3. Increase the child’s understanding of their unhealthy associations and beliefs regarding sex and sexuality.
TREATMENT GOALS

4. Increase the child’s understanding of natural and healthy sexuality such as, the reasons people are sexual together and the purpose of sex. Teach the child about “GOOD TOUCH, BAD TOUCH & SECRET TOUCH”.

![Image of book cover]
5. Provide support and teach the child’s caretaker behavior management techniques for sexual acting out which can involve rewarding "sex-free" days and using "time-out".

6. Help the child understand and integrate his/her feelings and thoughts associated with prior victimization including physical, sexual, and emotional abuse; abandonment; neglect; family breakups; and deaths.
TREATMENT GOALS

7. Increase the child’s ability to meet their needs in socially appropriate ways.

8. Increase the child’s connectedness to positive role models and building internal objects that support future growth.